

NATIONAL HEALTH POLICY

FORUM



Annual Report

2014

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

National Health Policy Forum

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The National Health Policy Forum is a nonpartisan research and public policy organization at The George Washington University. All of its publications since 1998 are available online at www.nhpf.org.

Director's Message

In this annual report, we chronicle the National Health Policy Forum's activities and impact vis-à-vis our mission of fostering a better-informed policymaking process by providing unbiased information and opportunities for constructive dialogue. The report also provides a snapshot of our audience and resources.

For 2014, we present the Forum's activities organized by sets of mission-driven "pursuits" rather than topic groups. These are broad goals that—if achieved—would produce a health care system embodying ideals we can all agree on: a system that is efficient, sustainable, and high-quality; that improves health; and is equitable and affordable. Policies and issues related to these goals that we, and our participants and speakers, explored included alternative payment models such as accountable care organizations and bundling; physician self-referral; telehealth; incentives for coordinated, patient-centered care; evidence-based home visiting programs for mothers and infants; Medicaid expansions; sociodemographic risk adjustment; early childhood adversity; and private insurance exchanges, to name a few.

Other programming related to improving the policymaking process itself. A site visit to Detroit afforded staff the increasingly rare opportunity to get out into the field with colleagues to hear about the status of health and health care in this diverse city from many different perspectives. A variety of short primers designed to help congressional and federal staff get up to speed quickly on major programs and policies such as Medicare, long-term care spending, and consumer surveys were also published. You'll find a complete list of 2014 products at the end of the report.

As always, we thank our foundation and corporate sponsors for their generous support. We are especially grateful that, with many demands on their resources, our funders continue to value the Forum's mission. We also thank all our participants and speakers, who shared their insights, experiences, and ideas for the future in this unique learning community.

Best regards,



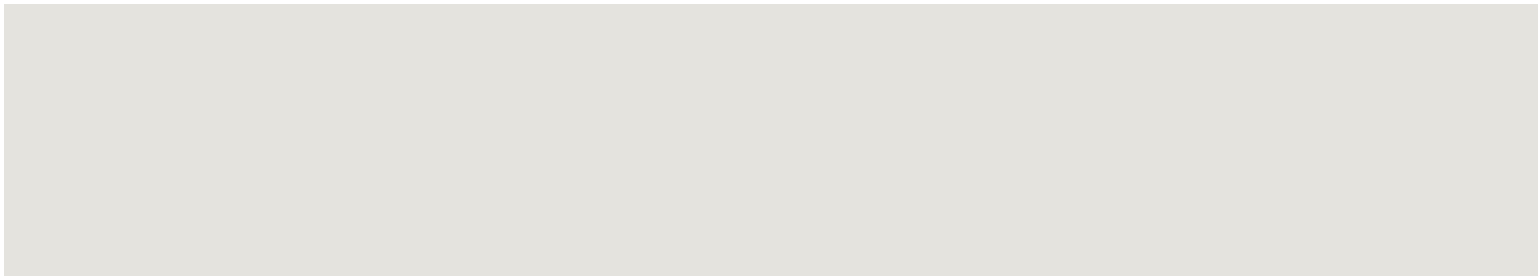
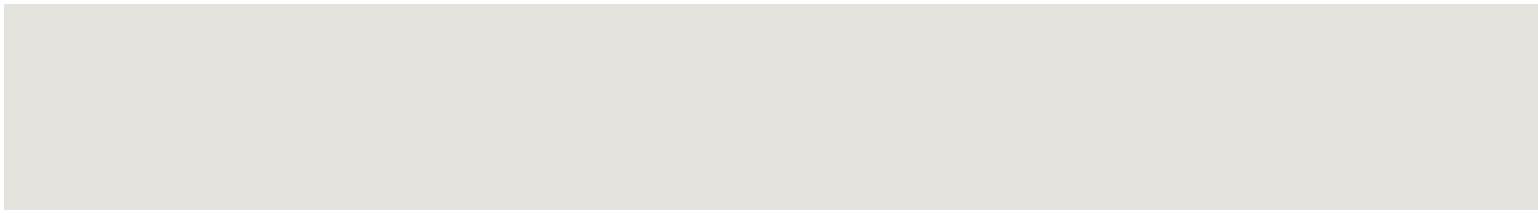
Judith Miller Jones, MA, *Director*

“These site visits are the only opportunity I have to see how the legislation I work on at the federal level is actually implemented. I’ve worked on the Medicaid & CHIP programs for the Congress for 15 years now. Nothing in my work experience (conferences, research, readings) helps me understand how these programs work like the close-up look that these site visits provide.”

–Detroit Site Visit Participant

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Our Mission

In 2014, the Forum continued to foster a better-informed policymaking process by providing information and opportunities for federal health policy staff to learn and engage in constructive dialogue in a press-free setting.

Through meetings, papers, and a site visit, the Forum programmed activities in pursuit of a high-quality health care system that improves health and is affordable, equitable, efficient, and sustainable. In the pages that follow, we have organized our activities by these principles.



In pursuit of an
efficient, sustainable health care system

Health care spending is currently 18 percent of GDP and projected to rise to nearly 20 percent by 2022. This level of spending squeezes out investments in other public and private priorities and is not sustainable.

How we pay for care influences how much is provided, and by whom. Most experts agree that health care spending could be reduced by changing payment policies that provide incentives to deliver more care—procedures, visits, tests, for example—than may be needed. Both public and private payers are experimenting with new payment models to promote more efficient care while maintaining or improving quality.

Forum meetings examined three major initiatives—accountable care organizations (ACOs), bundled

payment, and global payment—that are testing whether new payment models can deliver high-quality care more efficiently. These meetings helped policymakers understand how these initiatives are being implemented in Medicare and private insurance and consider modifications that might be needed to improve their effectiveness. Two Forum meetings also examined spending for post-acute care and how physicians' financial interest in prescribed services tends to increase their referrals to those services. Both of these sessions highlighted how incentives inherent in federal policies influence the use and cost of services. In other meetings, policymakers also had the opportunity to learn about the role of technology in coordinating care, improving access, and potentially reducing costs.

Meetings and papers

Telehealth: Into the Mainstream?

Issue Brief No. 853, March 10

Sorting Out the Complex World of Medicare Post-Acute Care

Forum Session, March 18

Telehealth: Into the Mainstream?

Forum Session, April 11

Moving Toward Global Payment: Maryland's New All-Payer Model

Forum Session, May 30

Pioneer ACOs: The Frontier of Delivery System Reform?

Forum Session, June 13

Managing Physician Self-Referral: Recent Evidence and Potential Strategies

Forum Session, July 18

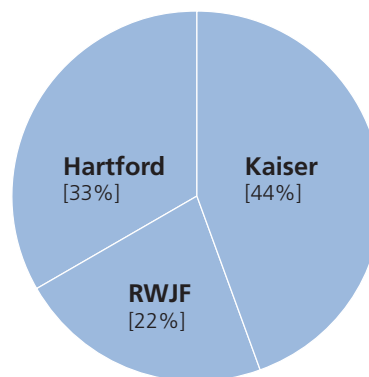
Achieving Health Information Exchange: Vision, Progress, Prospects

Forum Session, September 12

Bundled Payment in Medicare and Private Insurance: Version 2.0

Forum Session, December 12

Funders for this work



Kaiser: The Kaiser Permanente Program Offices

Hartford: The John A. Hartford Foundation

RWJF: The Robert Wood Johnson Foundation

See p. 23 for a full list of sponsors.



In pursuit of a
high-quality health care system

Most experts agree that much of the care provided in today's health care system is often fragmented, uncoordinated, and of poor quality or limited value. The Affordable Care Act contained a number of provisions to promote collaboration and better hand-offs between doctors and other providers as a way to reduce fragmentation and improve the quality of care delivered to patients, especially those with multiple chronic conditions. Private insurers are also looking at ways to ensure that care is patient-centered, coordinated, and appropriate.

Forum meetings looked at the challenges of care coordination, the possible effects of payment incentives

designed to promote better collaboration between primary care physicians and specialists, and efforts to reward patient-centered care. These sessions helped policymakers better understand the barriers providers and patients face in implementing and measuring patient-centered coordinated care and how these difficulties might be ameliorated through changes in practice and payment policy. Another session explored what health plans are doing to stem the tide of prescription drug abuse through more appropriate prescribing and considered how federal policies facilitate or impede those efforts.

Meetings and papers

Management of Chronic Care Needs: What Will It Really Take to Coordinate Care?

Forum Session, March 14

Coordinating Chronic Care: Will New Incentives Spur Primary Care-Specialist Collaboration?

Forum Session, June 6

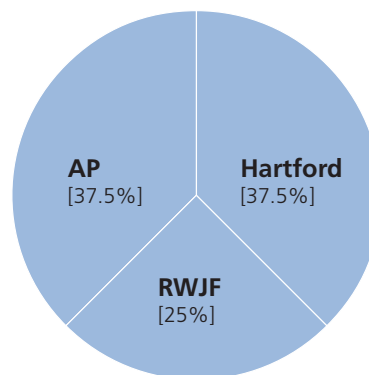
Controlling Opioid Drug Excess: Health Plan Interventions

Forum Session, June 20

Patient-Centered Care, Payment, and Policy: The Leading Edge

Forum Session, November 17

Funders for this work



Hartford: The John A. Hartford Foundation

AP: The Atlantic Philanthropies

RWJF: The Robert Wood Johnson Foundation

See p. 23 for a full list of sponsors.



In pursuit of a health care system that
improves health

Considerable attention is being focused at federal, state, and community levels on reorienting the health care system from one preoccupied with treating acute care episodes to one devoted to improving both individual and population health. A successful shift in focus requires both an understanding of the factors that affect health and a set of tools or approaches that have been demonstrated to work.

To see where shifts are already occurring, Forum sessions examined thinking and practice from three vantage points: the payment and care delivery

transformations taking place through the State Innovation Model initiative; the science behind negative experiences in childhood and how they affect adult chronic disease; and the evidence-based interventions of the Maternal, Infant, and Early Childhood Home Visiting Program. These meetings brought policymakers information on how health care systems are transforming to improve health, why such transformation needs to occur, and specific programs that are effective.

Meetings and papers

Transforming Payment and Health Care Delivery: Early Reports from the State Innovation Model (SIM) Initiative

Forum Session, April 18

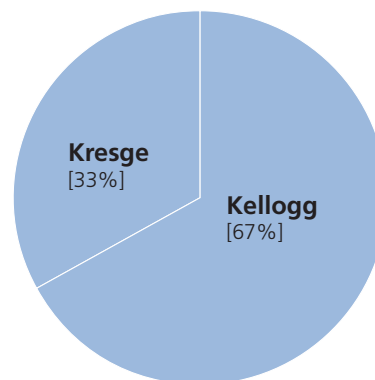
Early Childhood Adversity, Toxic Stress, and Brain Development: Implications for Practice and Policy

Forum Session, May 16

Promoting Evidence-Based Interventions: The Maternal, Infant, and Early Childhood Home Visiting Program

Forum Session, October 10

Funders for this work



Kellogg: The W.K. Kellogg Foundation

Kresge: The Kresge Foundation

See p. 23 for a full list of sponsors.



In pursuit of a health care system that is

equitable and affordable

Most people get coverage for health care services through employer-sponsored insurance, insurance purchased on exchanges created under the Affordable Care Act (ACA), Medicare, Medicaid, the VA, and other public or private sources. The un- and underinsured often access care from safety net institutions such as hospitals and community health clinics that provide some portion of the care they deliver without compensation or at reduced rates. Ensuring affordable access to care—through insurance and through safety net providers—was a major goal of the ACA and permeates policymaking related to public programs like Medicare and Medicaid.

The Forum looked at coverage and access from several angles. One session focused on states that have expanded Medicaid coverage in non-traditional ways; another looked at pediatric dental coverage (an essential benefit under the ACA) provided through exchange plans. Still another session reviewed the pros and cons

of proposals to revise the risk adjustment methodology that affects payments to providers by taking into account the sociodemographic characteristics of patients, a change that safety net providers believe would recognize the challenges they face in serving low-income, disadvantaged patients. Together these sessions provided updates on key coverage initiatives under the ACA and helped policymakers understand what might be gained or lost by including sociodemographic factors in risk adjustment methodologies. In addition, one meeting looked at the emerging practice and implications of employers using private exchanges to offer insurance and a background paper provided the latest information on the Money Follows the Person Rebalancing Demonstration, a program that helps people who need long-term services and supports (LTSS) transition from nursing homes and other institutions to their own homes or other community settings.

Meetings and papers

Money Follows the Person (MFP) Rebalancing Demonstration: A Work in Progress

Background Paper No. 85, February 21

Alternative Paths to Medicaid Expansion

Forum Session, March 28

Pediatric Dental Coverage in State and Federally Facilitated Exchanges: The 2014 Plan Year Experience

Forum Session, July 25

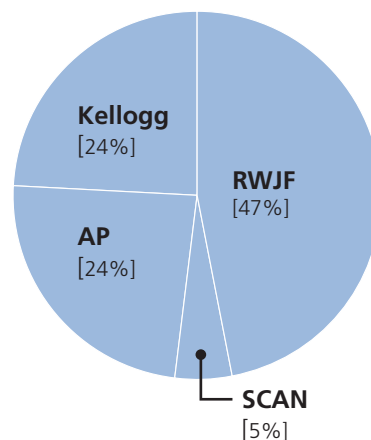
Sociodemographic Risk Adjustment: Protecting the Safety Net?

Forum Session, September 26

Private Exchanges: The Next Big Thing in Employer-Sponsored Insurance?

Forum Session, November 21

Funders for this work



RWJF: The Robert Wood Johnson Foundation

Kellogg: The W.K. Kellogg Foundation

AP: The Atlantic Philanthropies

SCAN: The SCAN Foundation

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In pursuit of a

better-informed policymaking process

Federal policies play out in the context of local health care markets, and markets vary along a number of dimensions: the size and composition of the health care workforce, the level of competition and collaboration among providers and insurers, the sociodemographic characteristics of residents, and the level of insurance coverage, to name just a few. State policies, such as Medicaid payment rates, the level of investment in public health services, and the regulation of insurance, also influence market dynamics.

To help staff in Washington better understand how federal policies play out in local markets, the Forum conducts occasional site visits across the country. Site visits provide insights into specific issues and market dynamics and give staff an unparalleled opportunity to meet and talk with colleagues in an environment that is not politically charged. Site visits offer unscripted, ground-level insights that make a lasting impression on participants and help shape policy in direct and indirect ways. In 2014, the Forum

took congressional and federal staff to Michigan to look at the forces shaping the delivery of health care in Detroit, a city facing the twin challenges of controlling costs and serving a bifurcated metropolitan area that includes large numbers of uninsured, low-income, and vulnerable residents as well as more prosperous residents of a reviving inner core and the surrounding suburbs and counties.

As part of its mission to foster a more informed policymaking process, the Forum also produces a product line called The Basics. These short overviews help new congressional and federal staff get up to speed quickly on major programs and policies. In 2014, basics on Medicare, the Part D prescription drug benefit, and annual spending for long-term services and supports were updated to reflect current policy and the most recent data. A new basic on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys was also published.

Site visit and papers

Health Care in the Motor City: Thriving or Surviving?

Site Visit, February 19–20

National Spending for Long-Term Services and Supports (LTSS), 2012

The Basics, March 27

Medicare

The Basics, December 15 (also updated February 12)

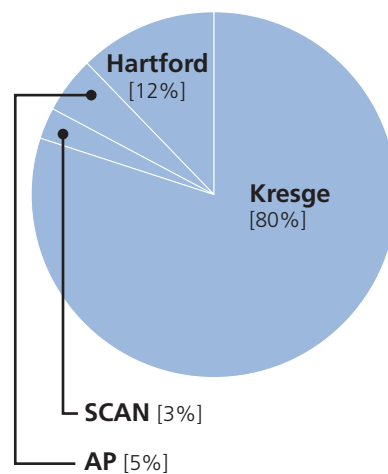
The Medicare Drug Benefit (Part D)

The Basics, December 15 (also updated February 20)

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys: Assessing Patient Experience

The Basics, December 18

Funders for this work



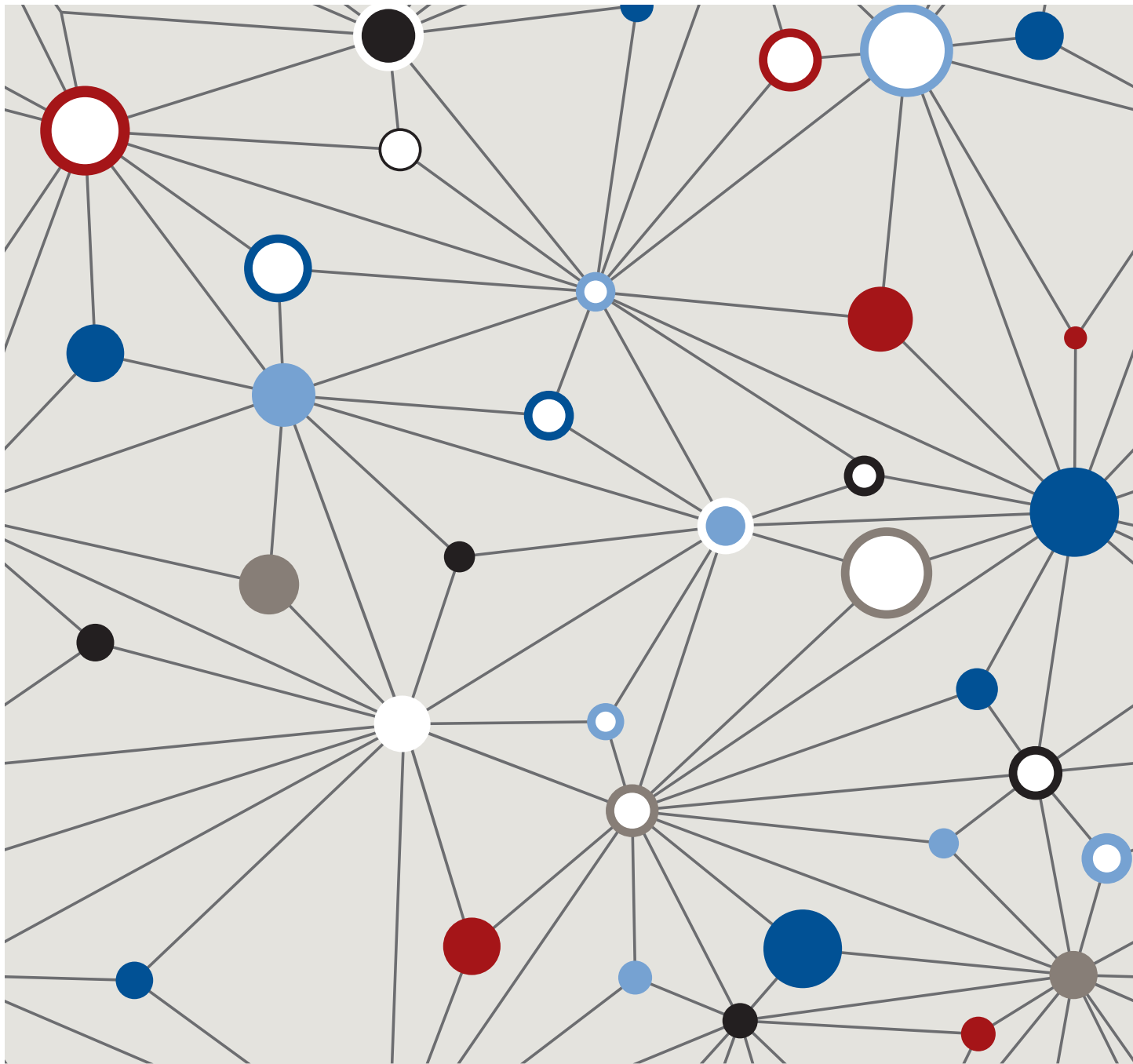
Kresge: The Kresge Foundation

Hartford: The John A. Hartford Foundation

AP: The Atlantic Philanthropies

SCAN: The SCAN Foundation

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Our Impact

What did you particularly like about this program?

- “Concrete, substantive information, not fluff.”
- “Each presenter offered candid and hard-hitting analysis of their organization’s policy and business challenges. The contrast between the two ACOs was very useful....The closed forum was conducive to a free exchange of ideas.”
- “Great information. Detailed info about the problem, the policy options, and some solutions that are working. This is a great example in public health of how policy interventions can be identified and implemented to improve a particular vexing problem, but also how complicated the situation is.”
- “One of the best presentations I’ve seen in a long time.”
- “Nice mix of academic and applied thinking.”

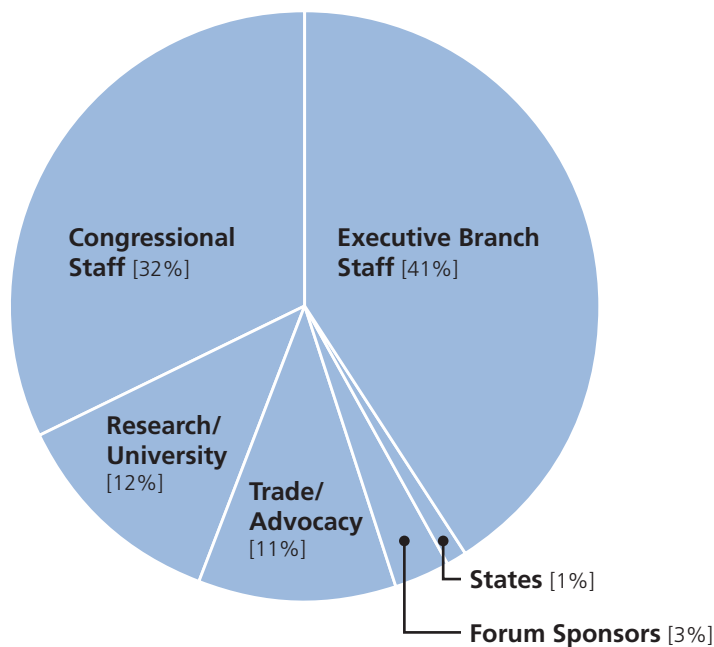
How will this meeting help inform your work?

- “This is a topic we are interested in doing more work in, the meeting helped sharpen our thinking and raised some points I hadn’t considered.”
- “I am considered the telemedicine expert for my division. The information provided will likely inform future policy.”
- “It gave me concrete ideas of how to improve ACOs and population health in general.”
- “Extremely helpful in helping to identify activity in current environment as well as people/organizations to connect with.”
- “It will improve my ability to evaluate/analyze legislation proposed in this area.”
- “Important to know how ideas are implemented as policies in the real world.”



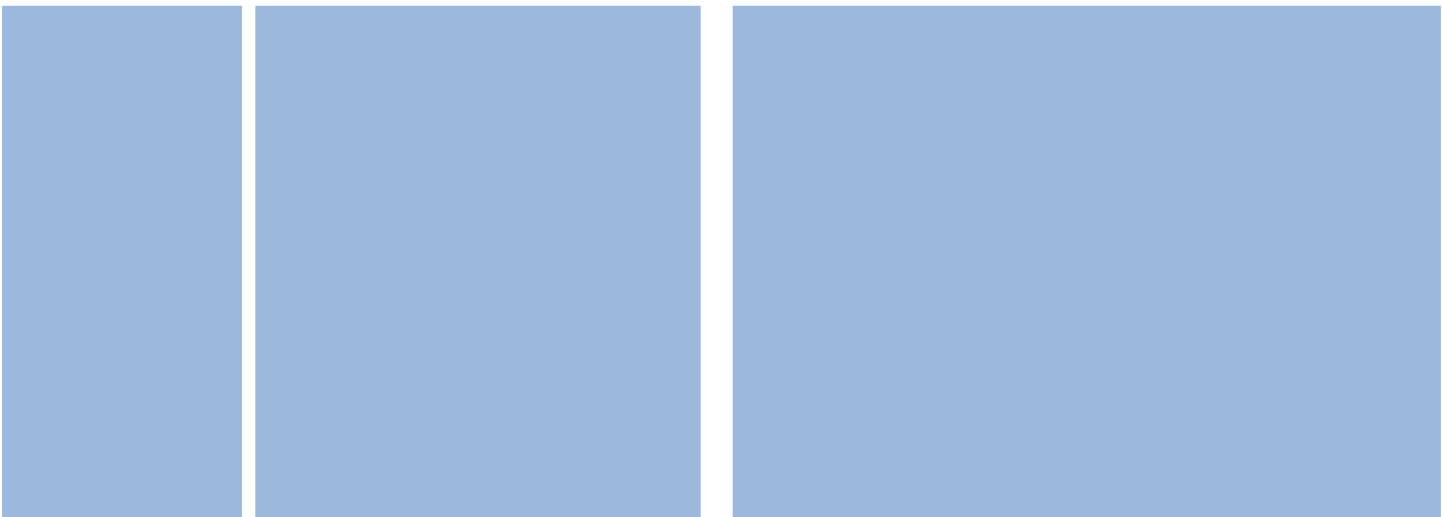
Our Audience

The Forum primarily serves the staff of the congressional and executive branches of government, but other stakeholders also participate in Forum programming.



1,109 individuals participated in Forum meetings in 2014

25 percent of participants attended more than one meeting in 2014



Our Resources

Sponsors

Funding sources in effect during any part of 2014.

Grants

The Atlantic Philanthropies

The John A. Hartford Foundation

The Josiah Macy, Jr. Foundation

The Kaiser Permanente Program Offices,
East Bay Community Foundation

The Kresge Foundation

The Robert Wood Johnson Foundation

The SCAN Foundation

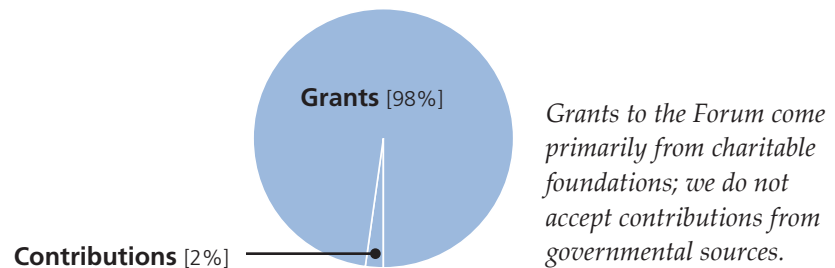
The W.K. Kellogg Foundation

Contributions

The Alliance of Community Health Plans

BlueCross BlueShield Association

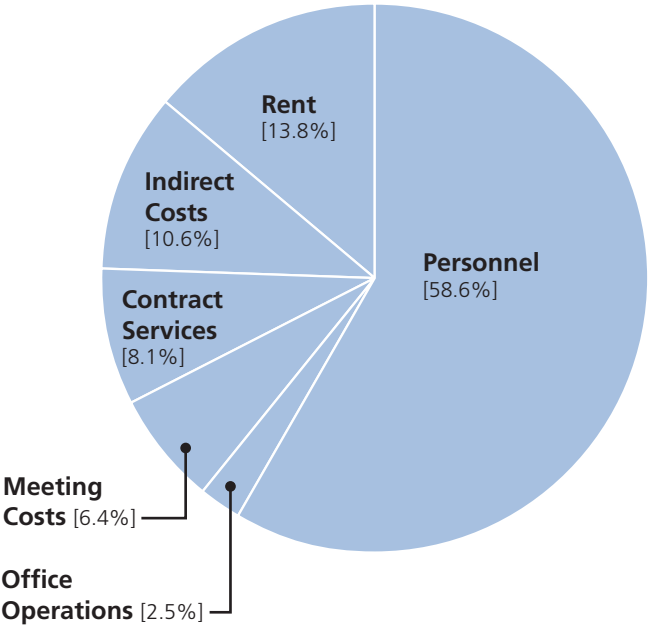
The Gordon & Betty Moore Foundation



Expenditures

Total expenditures for 2014 were \$1,814,765, distributed across eight broad categories.

A detailed summary follows on the next page.



Expenditure Summary

January 1–December 31, 2014

These figures have been compiled from National Health Policy Forum records. This is not a certified accounting. A complete audited accounting for the entire University, including expenditures of the Forum, is presented in the University's annual report.

	AP*	Hartford	Kaiser [†]	Kellogg	Kresge	Macy	RWJF [‡]	SCAN	General	TOTAL
Salaries	\$109,035	\$131,942	\$122,461	\$76,693	\$96,303	\$31,937	\$231,025	\$20,308	\$42,096	\$861,800
Fringe Benefits	27,485	33,249	30,860	15,364	24,242	7,375	46,222	5,138	10,945	200,880
Meetings	12,037	19,402	8,071	10,524	7,528	387	15,063	0	827	73,839
Speaker Travel	2,776	1,705	5,694	5,814	11,291	0	6,573	0	4,474	38,327
Staff Travel	261	443	262	258	1,572	23	700	34	411	3,964
Printing	0	0	0	0	0	0	0	0	1,350	1,350
Postage	86	84	106	0	292	15	84	0	143	810
Telephone	2,112	2,508	2,784	0	1,511	660	3,273	0	524	13,372
Books/ Subscriptions	870	932	970	0	277	350	1,462	0	24	4,885
Leasing/ Maintenance	3,537	4,462	4,475	0	768	1,130	4,334	0	0	18,706
Supplies	853	1,381	1,221	0	462	143	1,109	71	1,460	6,700
Services	6,086	19,812	22,090	5,000	21,650	14,463	33,962	114	23,566	146,743
Rent	33,350	46,610	49,269	0	19,595	9,312	68,775	3,857	20,162	250,930
Indirect Costs	19,849	21,592	37,240	17,048	37,098	6,579	49,510	3,843	0	192,459
TOTAL EXPENSES	\$218,337	\$284,122	\$285,503	\$130,701	\$222,589	\$72,374	\$462,092	\$33,065	\$105,982	\$1,814,765

* The Atlantic Philanthropies

[†] The Kaiser Permanente Program Offices, East Bay Community Foundation

[‡] The Robert Wood Johnson Foundation

Staffing

Leadership

Judith Miller Jones, MA, *Director*

Sally Coberly, PhD, *Deputy Director*

Staff

Diane L. Harvey, *Manager, Systems & Operations*

Marcia Howard, *Program Associate*

Jennifer Jenson, MPH, MPP, *Principal Policy Analyst*

Julie La Orban, MPH, *Program Associate*

Monique Martineau, MA, *Director, Publications & Online Communications*

Carol V. O'Shaughnessy, MA, *Principal Policy Analyst*

Moira Muccio Secrest, *Manager, Fiscal Operations*

Lisa Sprague, MBA, *Principal Policy Analyst*

Jessamy Taylor, MPP, *Principal Policy Analyst*

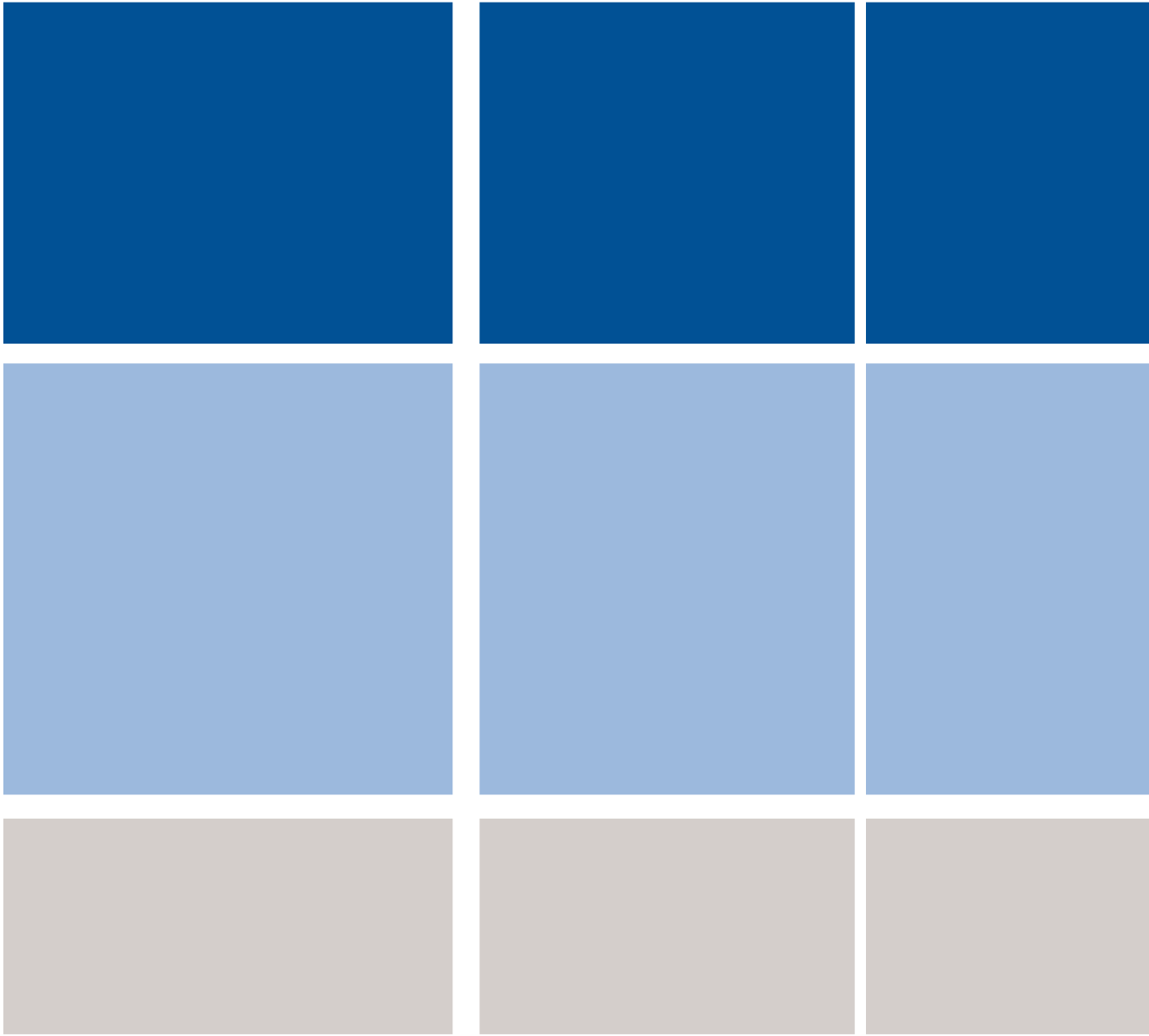
Consultants

Rob Cunningham

Michael Millensen

Eileen Salinsky, MBA

William J. Scanlon, PhD





Our Products

While the majority of Forum staff time is devoted to developing meetings for our primary audience of congressional and executive branch staff, Forum staff also devote significant effort to writing publications and coordinating site visits.

Meetings include our signature Forum sessions, and from time to time workshops and small-group sessions for senior staff. At the start of new congressional sessions, our “Health Policy Essentials” briefings help new staff find their footing. **Publications** range from the deep-diving background papers and issue briefs to the quick-study basics line. And **site visits** provide a look at a market or theme for a small group of federal and congressional participants, to see legislative efforts in action.

A chronological list of the year’s activities follows, along with brief descriptions of each program.



18

Meetings



8

Publications



1

Site Visit

Chronological List of Products

Health Care in the Motor City: Thriving or Surviving?



Site Visit, February 19–20

Authors: Sally Coberly, PhD & William J. Scanlon, PhD, *Consultant*

This site visit explored the forces shaping the delivery of health care in Detroit. The program looked at the underlying economic, social, and physical conditions that make improving the health of the city's residents extremely challenging. Participants conversed with experts, community leaders, public officials, providers, and individuals representing employers and unions. A report of participants' impressions was published on April 30.

www.nhpf.org/library/details.cfm/2962

Money Follows the Person (MFP) Rebalancing Demonstration: A Work in Progress



Background Paper No. 85, February 21

Author: Carol V. O'Shaughnessy, MA

The Money Follows the Person Rebalancing program, a Medicaid demonstration, helps people who need long-term services and supports (LTSS) transition from nursing homes and other institutions to their own homes or other community settings. This publication presents an overview of the MFP program, funding, and selected outcomes to date.

www.nhpf.org/library/details.cfm/2927

Telehealth: Into the Mainstream?

 Issue Brief No. 853, March 10

Author: Lisa Sprague, MBA

Telehealth extends across a range of technologies allowing patients to seek diagnosis, treatment, and other services from clinicians by electronic means. This issue brief looks at telehealth's promise and its challenges and considers opportunities for policymakers to help in charting its future course. A companion Forum Session took place on April 11.

www.nhpf.org/library/details.cfm/2959

Management of Chronic Care Needs: What Will It Really Take to Coordinate Care?

 Forum Session, March 14

Manager: Lisa Sprague, MBA

Management of chronic care needs, including care coordination between primary and specialty care clinicians, has received attention from both legislators and federal regulators. This Forum session explored the factors that have made patient-centered, cost-effective care coordination difficult to achieve; considered the tools and strategies being deployed in efforts to improve care coordination and outcomes; and assessed the outlook for further progress.

www.nhpf.org/library/details.cfm/2957

Sorting Out the Complex World of Medicare Post-Acute Care

 Forum Session, March 18

Managers: William J. Scanlon, PhD, *Consultant* & Sally Coberly, PhD

Spending growth for post-acute care has greatly exceeded that for both physicians and hospitals over the past decade and questions have been raised about the appropriateness of services and outcomes. This Forum session discussed reform proposals and provided perspectives on potential reforms from program, beneficiary, and industry viewpoints.

www.nhpf.org/library/details.cfm/2956

National Spending for Long-Term Services and Supports (LTSS), 2012

 The Basics, March 27

Author: Carol V. O'Shaughnessy, MA

In 2012, spending for long-term services and supports was \$219.9 billion (9.3 percent of all U.S. personal health care spending), almost two-thirds of which was paid by the federal-state Medicaid program. This publication presents data on LTSS spending by major public and private sources.

www.nhpf.org/library/details.cfm/2783

Alternative Paths to Medicaid Expansion

 Forum Session, March 28

Managers: Sally Coberly, PhD & William J. Scanlon, PhD, *Consultant*

Twenty-three states and the District of Columbia have expanded Medicaid as envisioned under the Affordable Care Act. An additional three states—

Arkansas, Iowa, and Michigan—have pursued a strategy that relies on Medicaid section 1115 waiver authority to expand coverage. This Forum session provided an overview of how Medicaid expansion is unfolding, described in detail the waivers approved for Iowa and Michigan, and offered comments on how states are likely to proceed in the future.

www.nhpf.org/library/details.cfm/2958

Telehealth: Into the Mainstream?

 Forum Session, April 11

Manager: Lisa Sprague, MBA

Telehealth allows patients to seek diagnosis, treatment, and other services from clinicians by electronic means and has the potential to relieve medical workforce shortages and the unequal distribution of clinicians in the United States, but challenges remain. This Forum session looked at the extent and evolution of telehealth and explored next steps. For a more in-depth discussion of the issues involved see Issue Brief No. 853, published March 10.

www.nhpf.org/library/details.cfm/2960

Transforming Payment and Health Care Delivery: Early Reports from the State Innovation Model (SIM) Initiative

 Forum Session, April 18

Manager: Jessamy Taylor, MPP

The State Innovation Model (SIM) initiative funds six states (Arkansas, Maine, Massachusetts, Minnesota, Oregon, and Vermont) to test multi-payer models to transform health and health care and to lower costs. This Forum

session explored the early experiences of these states and their common and individual challenges related to payer, provider, and consumer engagement as well as data analytics and data sharing. The efforts of Arkansas and Vermont were discussed in detail.

Early Childhood Adversity, Toxic Stress, and Brain Development: Implications for Practice and Policy

 Forum Session, May 16

Manager: Jessamy Taylor, MPP

Adverse childhood experiences like chronic neglect or recurrent abuse negatively impact brain development and function in young children, derail typical development, and are linked to adult chronic disease. This Forum session looked at the emerging science of brain development, toxic stress, and early childhood adversity as well as efforts by multiple stakeholders to accelerate its adoption within the practices and policies of the medical, behavioral health, child welfare, and other social services systems.

www.nhpf.org/library/details.cfm/2955

Moving Toward Global Payment: Maryland's New All-Payer Model

 Forum Session, May 30

Manager: Sally Coberly, PhD

Maryland's new all-payer rate setting model for inpatient and outpatient hospital services is designed to move the state from fee-for-service reimbursement to population-based global budgeting for hospital services. This Forum session provided an overview of the model, as well as two hospital

executives' observations on global budgeting and comments from a long-time observer of Maryland's payment systems.

www.nhpf.org/library/details.cfm/2963

Coordinating Chronic Care: Will New Incentives Spur Primary Care-Specialist Collaboration?

 Forum Session, June 6

Manager: Lisa Sprague, MBA

Team-based care coordination is one of the hallmarks of the patient-centered medical home. Medicare has proposed payment for non-face-to-face care management for beneficiaries with multiple chronic conditions. This Forum session reviewed the rationale for this change in policy, what it might take for primary and specialty physicians to collaborate better, and the challenges that come with implementation.

www.nhpf.org/library/details.cfm/2964

Pioneer ACOs: The Frontier of Delivery System Reform?

 Forum Session, June 13

Manager: Sally Coberly, PhD

The Medicare Pioneer Accountable Care Organization model demonstration was designed specifically for organizations with experience offering coordinated, patient-centered care. This Forum session explored the experiences of two Pioneer ACOs and drew lessons for the future of delivery system and payment reform.

www.nhpf.org/library/details.cfm/2965

Controlling Opioid Drug Excess: Health Plan Interventions

 Forum Session, June 20

Manager: Lisa Sprague, MBA

Drug overdose is currently the leading cause of injury death in the United States, and stakeholders involved in supplying, monitoring, or paying for painkillers perceive drug misuse as an epidemic. From the perspective of health plans paying for prescription drugs in multiple states and across multiple patient populations, this Forum session explored successful initiatives, examined ongoing challenges, and considered what policy changes might lead to further progress.

www.nhpf.org/library/details.cfm/2966

Managing Physician Self-Referral: Recent Evidence and Potential Strategies

 Forum Session, July 18

Managers: William J. Scanlon, PhD, *Consultant* & Sally Coberly, PhD

Physicians with a financial interest in prescribed services (“self-referrers”) tend to order more of those services than their counterparts. This Forum session reviewed recent findings and recommendations from the U.S. Government Accountability Office and the Medicare Payment Advisory Commission regarding self-referral and described health plans’ use of prior authorization to ensure the appropriate use of services.

www.nhpf.org/library/details.cfm/2967

Pediatric Dental Coverage in State and Federally Facilitated Exchanges: The 2014 Plan Year Experience

 Forum Session, July 25

Managers: Jessamy Taylor, MPP & Sally Coberly, PhD

Pediatric dental services are among the ten essential benefits that qualified health plans must offer in state and federally facilitated marketplaces created under the Affordable Care Act. This Forum session gave an overview of the pediatric dental benefit, provided a snapshot of the offerings and take-up of coverage nationally, and highlighted implementation issues.

www.nhpf.org/library/details.cfm/2968

Achieving Health Information Exchange: Vision, Progress, Prospects

 Forum Session, September 12

Manager: Lisa Sprague, MBA

To achieve patient-centered care that is effective over both time and distance, providers must be able to exchange information across settings and systems of care. Despite public and private sector efforts to facilitate health information exchange, success has been limited. This Forum session considered progress to date, how remaining barriers may be addressed, and prospects for widespread success.

www.nhpf.org/library/details.cfm/2969

Sociodemographic Risk Adjustment: Protecting the Safety Net?

 Forum Session, September 26

Managers: Sally Coberly, PhD & William J. Scanlon, PhD, *Consultant*

How performance on quality and outcomes of care is measured, and either rewarded or penalized, can significantly affect not only health care providers' bottom lines, but also their willingness to treat those presumed to be more impaired or disadvantaged than the average patient. This Forum session examined the potential use of socioeconomic status and other sociodemographic factors in risk-adjusting performance measurement.

www.nhpf.org/library/details.cfm/2970

Promoting Evidence-Based Interventions: The Maternal, Infant, and Early Childhood Home Visiting Program

 Forum Session, October 10

Manager: Eileen Salinsky, MBA, *Consultant*

The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program was created with the clear intent to promote the adoption of home visiting practices proven to be effective. This Forum session reviewed the purpose of and requirements associated with MIECHV grants to states, examined how evidence of effectiveness has influenced the design and implementation of the program, and described how MIECHV funds have been used to expand and improve home visiting services at the state level.

www.nhpf.org/library/details.cfm/2971

Patient-Centered Care, Payment, and Policy: The Leading Edge

 Forum Session, November 17

Managers: Lisa Sprague, MBA & Michael Millenson, *Consultant*

The Centers for Medicare and Medicaid Services and other payers have incorporated metrics of patient-centeredness into quality reporting requirements and have begun adjusting payment incentives to reward patient-centered care. This Forum session looked at leading edge organizations and their efforts to measure and reward quality with the use of patient feedback.

www.nhpf.org/library/details.cfm/2973

Private Exchanges: The Next Big Thing in Employer-Sponsored Insurance?

 Forum Session, November 21

Manager: Sally Coberly, PhD

Private exchanges are a new way for employers to offer health insurance to their active employees and retirees. This Forum session provided an overview of the still-evolving private exchange market and explored the implications of its growth for both employers and individuals with employer-sponsored insurance.

www.nhpf.org/library/details.cfm/2974

Bundled Payment in Medicare and Private Insurance: Version 2.0

 Forum Session, December 12

Managers: Sally Coberly, PhD & William J. Scanlon, PhD, *Consultant*

Both public and private payers are experimenting with bundled payments for acute and post-acute care to reduce costs and improve care coordination. This Forum session reviewed the status of Medicare's Bundled Payment for Care Improvement initiative and the Arkansas Health Care Payment Improvement Initiative, which includes both Medicaid and private insurers.

www.nhpf.org/library/details.cfm/2975

Medicare

 The Basics, December 15 (also updated February 12)

Author: Sally Coberly, PhD

This publication provides an overview of the Medicare program including eligibility, covered services, cost-sharing requirements, and program financing.

www.nhpf.org/library/details.cfm/2545

The Medicare Drug Benefit (Part D)


 The Basics, December 15 (also updated February 20)

Author: Sally Coberly, PhD

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) established a voluntary outpatient prescription drug benefit for Medicare beneficiaries that began January 1, 2006. This publication provides an overview of the drug benefit.

www.nhpf.org/library/details.cfm/2708

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys: Assessing Patient Experience

 The Basics, December 18

Author: Lisa Sprague, MBA

This publication provides an overview of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) family of surveys, which are widely used by both public and private health plans and providers to assess the patient's experience of health care.

www.nhpf.org/library/details.cfm/2976



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